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Submit original plus one copy. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full on Technical Information Page (Page 2 of this form.) Identify well or other facility by API Number or by OGCC Facility ID. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b).

1. OGCC Operator Number: 17180	4. Contact Name Debra Harris	Complete the Attachment Checklist OP OGCC
2. Name of Operator: Citation Oil & Gas Corp.	Phone: (281) 517-7194	
3. Address: P.O. Box 690688	Fax: (281) 469-9667	
City: Houston State: TX Zip: 77269 0688		
5. API Number 05- 017-06478	6. OGCC Facility ID Number	Survey Plat
7. Facility Name: Bledsoe Ranch Unit	Operator's Facility Number 6	Directional Survey
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): SE NW, Sec. 31, T12S, R50W		Surface Eqpm Diagram
9. County: Cheyenne	10. Field Name: Bledsoe Ranch	Technical Info Page
11. Federal, Indian or State Lease Number: Fee		Other

General Notice

<input type="checkbox"/> CHANGE OF LOCATION: Attach New Survey Plat	
Change of Surface Location from (QtrQtr, Sec, Twp, Rng, Mer): _____	
Change of Surface Location from Exterior Section Lines: _____	
Change of Surface Location to (QtrQtr, Sec, Twp, Rng, Mer): _____	
Change of Surface Location to Exterior Section Lines: _____	
Change of Bottomhole location should be noted on the Technical Information Page 2 of this form and deviated drilling plan should be submitted.	
Ground Elevation: _____ Is location in a high density area (Rule 603b)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Distance to nearest Property Line: _____ Distance to nearest Lease Line: _____	
Distance to nearest Building, Public Rd, above ground utility or railroad: _____	
Has Surface Owner consultation taken place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling): Effective Date: _____ Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	<input type="checkbox"/> CHANGE WELL NAME AND NUMBER: From: _____ To: _____ Effective Date: _____
<input type="checkbox"/> ABANDONED LOCATION: Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Ready for Inspection: _____	<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS Date well shut in or temporarily abandoned: _____ Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No MIT required if shut in longer than two years. Date of last MIT: _____
<input type="checkbox"/> SPUD DATE: _____	<input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS (6 mos from completion date)
<input type="checkbox"/> RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004. Final reclamation will commence on approximately _____ <input type="checkbox"/> Final reclamation is completed and site is ready for inspection.	

Technical Engineering/Environmental Notice

<input type="checkbox"/> Notice of Intent Approximate Start Date: _____	<input checked="" type="checkbox"/> Report of Work Done Date Work Completed: 07/18/2005	
Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)		
<input type="checkbox"/> Intent to Recomplete (submit form 2)	<input type="checkbox"/> Request to Vent or Flare	<input type="checkbox"/> E&P Waste Disposal
<input type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of E&P Waste
<input type="checkbox"/> Reservoir Stimulation	<input type="checkbox"/> Rule 502 variance requested	<input type="checkbox"/> New Pit
<input checked="" type="checkbox"/> Perforating/Perfs Added	<input type="checkbox"/> Casing/Cementing Program Change	<input type="checkbox"/> Landfarming
Gross Interval Changed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: Debra Harris Date: 08/17/2005
Print Name: Debra Harris Title: Production/Regulatory Coordinator

OGCC Approved: _____ Title: PED Date: 10/11/05

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



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COGCC

1. OGCC Operator Number: 17180 API Number: 05-017-06478
2. Name of Operator: Citation Oil & Gas Corp.
3. Well Name: Bledsoe Ranch Unit Well Number: 6
4. Location: (QtrQtr, Sec, Twp, Rng, Mer): SE NW, Sec. 31, T12S, R50W

This form is to be completed whenever a Sundry Notice is submitted requiring detailed report of work to be performed or completed. This form shall be transmitted within 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1.

DESCRIBE PROPOSED OR COMPLETED OPERATIONS

MIRU and TOH with rods, pump and tubing. TIH - tagged cement @5638'. RIH - set CIGR @5460' and pumped 50 sx below, dumped 8 sx on top and stung out of CIGR - squeezed Marmaton perms 5499' - 5506'. TIH - isolated casing leak 3309' - 3342'. Set CIGR @3241' and pumped 200 sx cement, stung out and dumped 0.8 bbl on top. TIH - tagged cement @3222'. Drilled out cement and CIGR - fell through @3344'. TIH - tagged cement @5378'. Drilled out cement and CIGR @5460' - fell through @5543'. TIH - tagged cement @5640'. Drilled out previously set CIBP @5645' and pushed plug to 6226'. RU and perf'd Morrow V-7 6173' - 6184'. New PBTD @6227'. TIH with BHP equipment and checked pressures - TP 260 psi; CP 365 psi. Flow tested while WO rig to run pump and rods. Put well on pump 6/26/2005. Hot-oiled on 7/17/2005 and after swabbing back load oil, well producing 12 BOPD, 22 MCFPD, 1 BWPD with TP - 50 psi and CP - 20 psi.

